

<b>FEE TRANSMITTAL</b>		<i>Complete if Known</i>	
		Application Number	
		Filing Date	May 9, 2001
		First Named Inventor	CIZDZIEL et al.
		Group Art Unit	
		Examiner Name	
Attorney Docket Number	LFS-107		

11000 U.S. PRO  
 09/851753  
  
 05/09/01

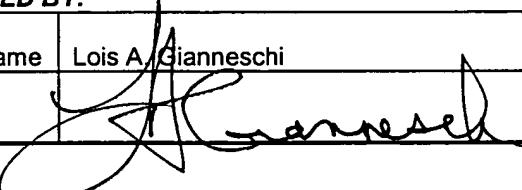
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	23 - 20 =	3	x 18.00	\$ 54.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 764.00

### METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/LFS-107/LG in the amount of \$764.00.  
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/LFS-107/LG. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>	
Typed or Printed Name	Lois A. Gianneschi	Reg. No.	35519
Signature		Date:	5/9/01
			<b>Deposit Account No.</b> <b>10-0750</b>